

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10 / 575826</b>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓	↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS		██████		██████		██████	TOTAL CLAIMS		██████		██████	██████	